

May 2, 2016

Ms. Susan Mackert  
Environmental Specialist II, Senior II, Northern Regional Office  
Department of Environmental Quality  
Commonwealth of Virginia  
13901 Crown Court  
Woodbridge, VA 22193-3801

Re: Permit Application for Reissuance of VPDES Permit No. VA0088714, Hoover Treated Wood Products,  
Caroline County.

Dear Ms. Mackert:

The following corrected permit application is being submitted with additions as requested per your April 29<sup>th</sup>, 2016 letter. Enclosed are two copies as per your request in your original letter dated October 9, 2015.

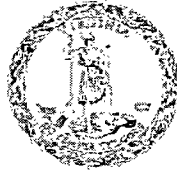
Prior to permit finalization and before any request for public comment; Hoover is requesting a meeting to discuss this permit renewal. The meeting could either be in person or by conference call.

Sincerely,

A handwritten signature in black ink, appearing to read "TJ Winowiecki", written over a horizontal line.

TJ Winowiecki  
Manager of Engineering Services

Cc: Tim Borris, Vice President of Operations



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF ENVIRONMENTAL QUALITY

### NORTHERN REGIONAL OFFICE

13901 Crown Court, Woodbridge, Virginia 22193

(703) 583-3800

[www.deq.virginia.gov](http://www.deq.virginia.gov)

Molly Joseph Ward  
Secretary of Natural Resources

David K. Paylor  
Director

Thomas A. Faha  
Regional Director

April 29, 2016

Via Email ([tborris@frtw.com](mailto:tborris@frtw.com))

Mr. Tim Borris  
Vice President of Operations  
Hoover Treated Wood Products, Inc.  
154 Wire Road  
Thomson, VA 30824

Re: Hoover Treated Wood Products, Inc.  
Virginia Pollutant Discharge Elimination System (VPDES) Permit No. VA0088714

Dear Mr. Borris:

Your application has been reviewed and appears to be complete. However, based upon this review staff is requesting revisions and/or clarification pertaining to Form 2.C Part V for Outfall 001, Outfall 003, Outfall 004, and Outfall 006 as noted below.

Outfall 001: Information in the box providing the outfall number appears to indicate that data is from April 29, 2013, and March 3, 2016. However, that same form states that only one analysis was completed. Additionally, the facility chemistry test data summary indicates there is data from eight dates of which March 3, 2016, is not included.

The maximum values shown in Part V for Total Suspended Solids, Ammonia, pH, Total Phosphorus, Arsenic, Chromium, Copper and Flow, are not the maximum values found within the facility chemistry test data summary.

The reported Total Nitrogen value does not match any of the values found within the facility chemistry test data summary.

Data for Nitrate+Nitrite is not reported in the facility chemistry test data summary as noted in Part V.

Outfall 003: Information in the box providing the outfall number appears to indicate that data is from April 29, 2013, and March 3, 2016. However, that same form states that only one analysis was completed. Additionally, the facility chemistry test data summary indicates there is data from eight dates of which March 3, 2016, is not included.

The maximum values shown in Part V for Chemical Oxygen Demand, Total Suspended Solids, Ammonia, pH, Total Phosphorus, Arsenic, Chromium, Copper, Zinc and Flow, are not the maximum values found within the facility chemistry test data summary.

The reported Total Nitrogen value does not match any of the values found within the facility chemistry test data summary.

Data for Nitrate+Nitrite is not reported in the facility chemistry test data summary as noted in Part V.

Outfall 004: Information in the box providing the outfall number appears to indicate that data is from April 29, 2013, and March 3, 2016. However, that same form states that only one analysis was completed. Additionally, the facility chemistry test data summary indicates there is data from eight dates of which March 3, 2016, is not included.

The maximum values shown in Part V for Total Suspended Solids, Ammonia, pH, Total Phosphorus, Total Nitrogen, Arsenic, Chromium, Copper and Flow, are not the maximum values found within the facility chemistry test data summary.

Data for Nitrate+Nitrite is not reported in the facility chemistry test data summary as noted in Part V.

Outfall 006: Information in the box providing the outfall number appears to indicate that data is from April 29, 2013, and March 3, 2016. However, that same form states that only one analysis was completed. Additionally, the facility chemistry test data summary indicates there is data from eight dates of which March 3, 2016, is not included.

The maximum values shown in Part V for Total Suspended Solids, Ammonia, pH, Total Phosphorus, Arsenic, Chromium, Copper, Zinc and Flow, are not the maximum values found within the facility chemistry test data summary.

The reported Total Nitrogen value does not match any of the values found within the facility chemistry test data summary.

Data for Nitrate+Nitrite is not reported in the facility chemistry test data summary as noted in Part V.

Please submit revisions to Form 2.C Part V or clarification regarding the above items by May 20, 2016. Once this information is received, reviews of the application will be required by other state and federal agencies to ensure that public health and the environment will be protected. These reviews may require that you submit additional information.

The next steps involve assembling the information necessary to develop the permit limitations and then drafting the permit. I expect to have the draft permit prepared in the next two to three months. Once the draft permit is prepared and the appropriate reviews are performed, I will transmit the draft permit and supporting documentation to you for review.

Please contact me at (703) 583-3853 or [susan.mackert@deq.virginia.gov](mailto:susan.mackert@deq.virginia.gov) if you have questions about our procedures or the status of your draft permit.

Sincerely,



Susan Mackert  
Environmental Specialist II, Senior II

cc: VA0088714 Reissuance File  
TJ Winowiecki ([tjwinowiecki@frtw.com](mailto:tjwinowiecki@frtw.com))



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF ENVIRONMENTAL QUALITY

### NORTHERN REGIONAL OFFICE

13901 Crown Court, Woodbridge, Virginia 22193  
(703) 583-3800 Fax (703) 583-3821  
[www.deq.virginia.gov](http://www.deq.virginia.gov)

David K. Paylor  
Director

Thomas A. Faha  
Regional Director

Molly Joseph Ward  
Secretary of Natural Resources

October 9, 2015

Via Email ([tborris@frtw.com](mailto:tborris@frtw.com))

Mr. Tim Borris  
Vice President - Operations  
Hoover Treated Wood Products, Inc.  
154 Wire Road NW  
Thomson, GA 30824

Re: Virginia Pollutant Discharge Elimination System (VPDES) Permit No. VA0088714  
Hoover Treated Wood Products, Caroline County

Dear Mr. Borris:

This letter is to remind you that your VPDES permit will expire on October 25, 2016. If you wish to continue discharging, you must reapply for the permit. The State Water Control Board's VPDES Permit Regulation requires that we receive a complete application at least 180 days before the existing permit expires. The deadline for submitting the application is April 25, 2016. Early submissions are encouraged and will better enable us to complete processing before permit expiration. Based on your current permit, your facility is required to submit the following forms: General Form 1, Form 2C, Form 2F and the VPDES Application Addendum. The application forms and instructions are available on the DEQ website at:

<http://www.deq.virginia.gov/Programs/Water/PermittingCompliance/PollutionDischargeElimination/PermitsFees.aspx>

Upon completing the application, return the original and one paper copy to my attention at the Northern Regional Office at the above address.

If you would like to request a waiver from any of the sampling or testing requirements in the application forms, please contact me prior to submitting your application or provide a thorough justification for the request when you submit your application. Failure to submit the waiver request by the 180 day application deadline may result in the waiver or administrative continuance of the permit being denied if the permit is not subsequently re-issued on time.

There is no application fee for a regularly scheduled reissuance of an individual permit; that fee has been replaced by an annual permit maintenance fee which is to be paid by October 1 of each year. No permit will be reissued unless all maintenance fee payments are up to date.

Please contact me at (703) 583-3853 or [susan.mackert@deq.virginia.gov](mailto:susan.mackert@deq.virginia.gov) if you have questions.

Sincerely,

A handwritten signature in cursive script that reads "Susan Mackert".

Susan Mackert  
Environmental Specialist II, Senior II

cc: VA0088714 Reissuance File

Enc.: Public Notice Billing Information Form

**PUBLIC NOTICE BILLING INFORMATION**

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9VAC25-31-290.C.2.

Agent/Department to be billed: Mr. Tim Borris / Vice President Operations

Owner: Hoover Treated Wood Products, Inc.

Applicant's Address: 154 Wire Road NW

Thomson, GA 30824

Agent's Telephone Number: (706) 595-5058

Authorizing Agent:



Signature

VPDES Permit No.: VA0088714  
Facility Name: Hoover Treated Wood Products

Please return to:

**Susan Mackert**  
VA-DEQ, NRO  
13901 Crown Court  
Woodbridge, VA 22193-1453  
Fax: (703) 583-3821

## VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Hoover Treated Wood Products, Inc.

*Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.*

2. **Is this facility located within city or town boundaries?** Yes ☐ No ☒

3. **Provide the tax map parcel number for the land where the discharge is located.** See attached.

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** None.

5. **What is the design average effluent flow of this facility?** None. MGD

**For industrial facilities, provide the max. 30-day average production level, include units:**

Storm water only.

**In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels?** Yes ☐ No ☒

*If "Yes", please identify the other flow tiers (in MGD) or production levels:*

Storm water only.

*Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?*

6. **Nature of operations generating wastewater:**

No wastewater – storm water only.

0 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: N/A.

0 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☐ Continuous ☐ Intermittent ☐ Seasonal

*Describe frequency and duration of intermittent or seasonal discharges:*

N/A; Storm water only.

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

☐ Permanent stream, never dry

☐ Intermittent stream, usually flowing, sometimes dry

☐ Ephemeral stream, wet-weather flow, often dry

☐ Effluent-dependent stream, usually or always dry without effluent flow

☒ Lake or pond at or below the discharge point (Swamp)

☐ Other: \_\_\_\_\_

9. **Approval Date(s):**

**O & M Manual** October 2011 **Sludge/Solids Management Plan** N/A.

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒

#### 10. Privately Owned Treatment Works

If this application is for a privately owned treatment works serving, or designed to serve, 50 or more residences, you must include with your application notification from the State Corporation Commission that you are incorporated in the Commonwealth and verification from the SCC that you are in compliance with all regulations and relevant orders of the State Corporation Commission. Incorporated also includes Limited Liability Companies (LLCs), Limited Partnerships (LPs) and certificates of authority.

#### 11. Consent to receive electronic mail

The Department of Environmental Quality (DEQ) may deliver permits and certifications (this includes permit issuances, reissuances, modifications, revocation and reissuances, terminations and denials) to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

- ☒ Applicant or permittee agrees to receive by electronic mail the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

If yes, provide email: [tborris@ftrtw.com](mailto:tborris@ftrtw.com)

- ☐ Applicant or permittee declines to receive by electronic mail the permit that may be issued for the proposed pollutant management activity.

Hoover Treated Wood Products, Inc.

Milford, VA.

Tax Map Parcel #'s

VPDES Permit Application Addendum Item Number 3

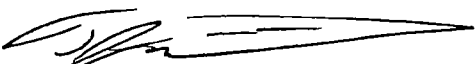
VA0088714

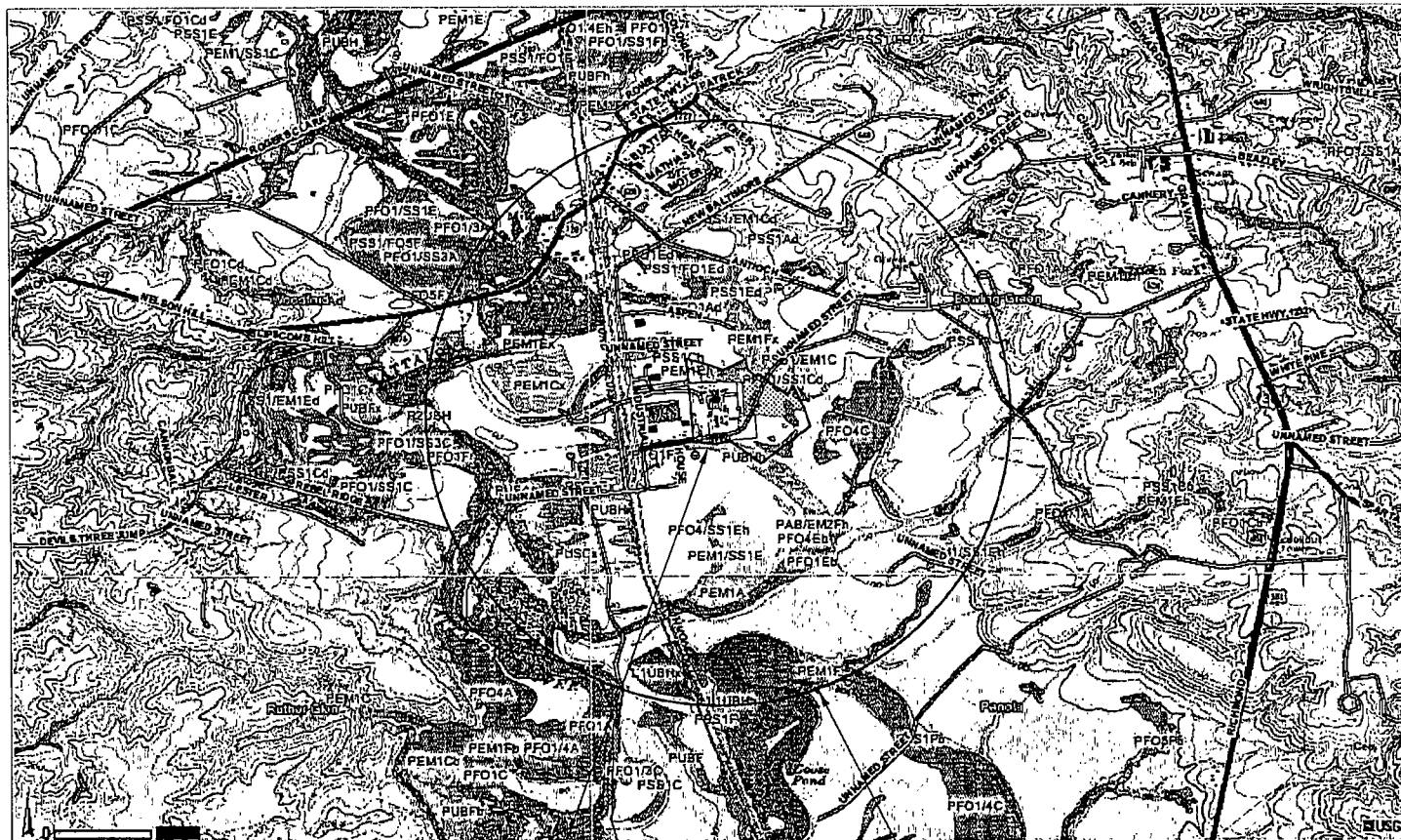
#	Acreage
56-8-3	3.00
56-A-27	11.75
56-7-A2	2.24
56-7-A4	30.74
56-8-1A	5.90
56-8-2	6.90
56-8-4	2.95



FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
				F VAD988190021	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		Mark "X"		SPECIFIC QUESTIONS	
		YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)
		16	17	18	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		X	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)
		22	23	24	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)
		28	29	30	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)
		34	35	36	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)
		40	41	42	
III. NAME OF FACILITY					
1 SKIP HOOVER TREATED WOOD PRODUCTS, INC.					
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)					
2 CHRIS TUCK, OPERATIONS MANAGER					
B. PHONE (area code & no.)					
(804) 633-4393					
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 18315 HOUSE DRIVE					
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
B. CITY OR TOWN					
4 MILFORD					
C. STATE					
VA					
D. ZIP CODE					
22514					
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 18315 HOUSE DRIVE					
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
B. COUNTY NAME					
CAROLINE					
46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
C. CITY OR TOWN					
6 MILFORD					
D. STATE					
VA					
E. ZIP CODE					
22514					
F. COUNTY CODE (if known)					
0033					
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					

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VII. SIC CODES (4-digit, in order of priority)									
A. FIRST					B. SECOND				
6	7	8	9	10	6	7	8	9	10
2499 (specify) Wood Products, Not Elsewhere Classified.					2491 (specify) Wood Preserving.				
C. THIRD									
6	7	8	9	10	D. FOURTH				
(specify)					(specify)				
VIII. OPERATOR INFORMATION									
A. NAME								B. Is the name listed in Item VIII-A also the owner?	
HOOVER TREATED WOOD PRODUCTS, INC.								<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)								D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE				M = PUBLIC (other than federal or state) O = OTHER (specify)				A (706) 595-5058	
P				(specify)					
E. STREET OR P.O. BOX									
154 WIRE ROAD									
F. CITY OR TOWN									
B THOMSON									
G. STATE				H. ZIP CODE		IX. INDIAN LAND			
GA				30824		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
X. EXISTING ENVIRONMENTAL PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
6	7	8	9	10	6	7	8	9	10
9 N VA0088714					9 P				
B. UIC (Underground Injection of Fluids)									
6	7	8	9	10	E. OTHER (specify)				
9 U					(specify)				
C. RCRA (Hazardous Wastes)									
6	7	8	9	10	E. OTHER (specify)				
9 R					(specify)				
XI. MAP									
<p>Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See Instructions for precise requirements.</p>									
XII. NATURE OF BUSINESS (provide a brief description)									
<p>This facility pressure treats purchased wood products, (lumber, plywood and timbers), with waterborne fire retardant chemicals and waterborne preservative chemicals. Then it is re-dried utilizing natural gas, (with diesel back up), fired steam boiler dry kilns. Forklifts and material handling machines (stackers) are used to move and prepare wood for various processing steps. Materials are received and shipped primary by truck with some items handled by rail. A subpart W drip pad is utilized with the pressure treating activity. This facility generates no wastewater as all liquids are closed loop. Critical areas and materials are protected by roof. Storm water contacting some sensitive areas is collected and introduced into the process as make-up water.</p>									
XIII. CERTIFICATION (see Instructions)									
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</p>									
A. NAME & OFFICIAL TITLE (type or print)					B. SIGNATURE			C. DATE SIGNED	
TJ Winowiecki Manager of Engineering Services								5-2-16	
COMMENTS FOR OFFICIAL USE ONLY									



38°16'0"N  
77°24'31"W  
Map Extent  
37°59'4"N  
77°19'36"W



Geographic Coordinate System (WGS84)


HOOVER TREATED WOOD PRODUCTS, INC. VA0988190021

EPA I.D. NUMBER (copy from Item 1 of Form 1)

VAD988190021

Form Approved.  
OMB No. 2040-0086.  
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

<b>FORM</b> <b>2C</b> <b>NPDES</b>				U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER <b>EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS</b> <i>Consolidated Permits Program</i>			
<b>I. OUTFALL LOCATION</b>							
For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.							
A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
01	38	0	40.89	77	21	57.53	Mattaponi River via un-named swamp.
03	38	0	41.20	77	22	4.05	Mattaponi River via un-named swamp.
04	38	0	30.20	77	21	58.73	Mattaponi River via un-named swamp.
06	38	0	30.02	77	22	2.69	Mattaponi River via un-named swamp.
<b>II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES</b>							
A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.							
B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.							
1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW			3. TREATMENT			
	a. OPERATION (list)	b. AVERAGE FLOW (include units)		a. DESCRIPTION		b. LIST CODES FROM TABLE 2C-1	
01	Stormwater only.	Depends on rainfall.		None.		xx	
03	Stormwater only.	Depends on rainfall.		None.		xx	
04	Stormwater only.	Depends on rainfall.		None.		xx	
06	Stormwater only.	Depends on rainfall.		None.		xx	
<b>OFFICIAL USE ONLY (effluent guidelines sub-categories)</b>							

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES (complete the following table)☒ NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		C. DURATION (in days)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	

## III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES (complete Item III-B)☒ NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☐ YES (complete Item III-C)☐ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	

## IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (complete the following table)☒ NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

CONTINUED FROM PAGE 2

## V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.  
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
Formaldehyde may be discharged.	Possible component of purchased manufactured wood products and as a reaction component of one of the fire retardants.  3-3-2016 Samples  Outfall 01      36.6 ug/l Outfall 03      25.9 ug/l Outfall 04      32.4 ug/l Outfall 06      38.2 ug/l  Test Reporting Limit is 40 ug/l.		

## VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?  
☒ YES (list all such pollutants below)      ☐ NO (go to Item VI-B)

Arsenic  
Chromium  
Copper

CONTINUED FROM THE FRONT

**VII. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (Identify the test(s) and describe their purposes below)

☒ NO (go to Section VIII)

**VIII. CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

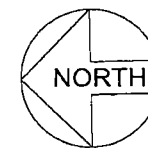
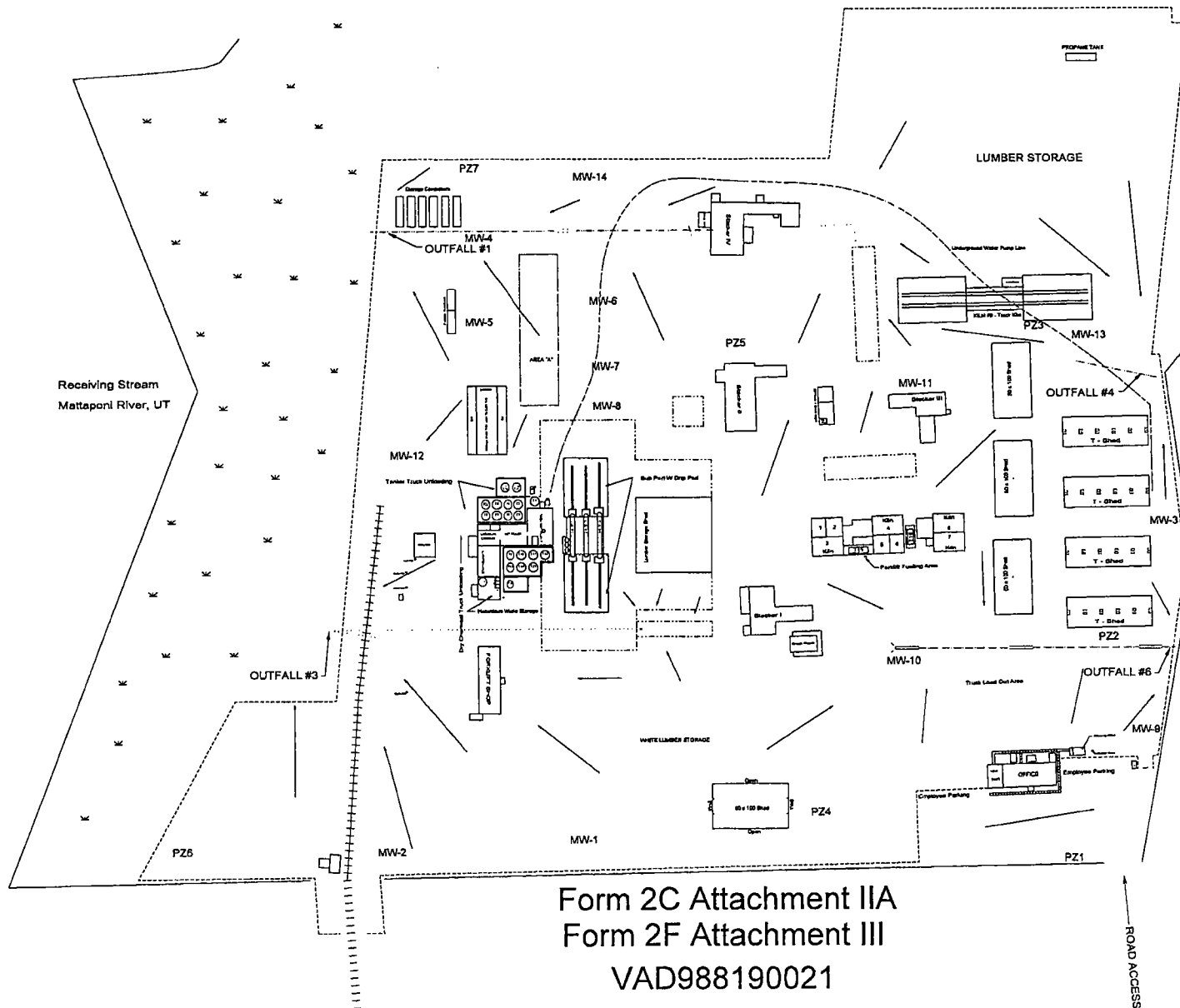
☐ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
SGS Accutest Laboratories - New Jersey	2235 Route 130 Dayton, NJ 08810	732-329-0200	COD, Oil and Grease, Hardness (as CaCO <sub>3</sub> ), Ammonia (as N), Nitrogen (Nitrate, Nitrate+Nitrate, Total Kjeldahl, Total Organic), Zinc, Copper, Chromium, Arsenic, Phosphorus (as P), TSS, pH, BOD, TOC, Boron, Iron, Lead, and Formaldehyde.

**IX. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)	B. PHONE NO. (area code & no.)
TJ Winowiecki Manager of Engineering Services	(706) 595-7355
C. SIGNATURE	D. DATE SIGNED
	5-2-16





PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

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V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)											OUTFALL NO. 01; 2-29-12 to 10-28-15			
PART A — You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.														
1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)					
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
a. Biochemical Oxygen Demand (BOD)	5.9				Tested: 3-3-16		1	mg/l						
b. Chemical Oxygen Demand (COD)	73.2				40.1		8	mg/l						
c. Total Organic Carbon (TOC)	10.9				Tested: 3-3-16		1	mg/l						
d. Total Suspended Solids (TSS)	2,130				845		8	mg/l						
e. Ammonia (as N)	11.4				6.4		8	mg/l						
f. Flow	VALUE 0.086138		VALUE		VALUE 0.047654		8	MGD		VALUE				
g. Temperature (winter)	VALUE		VALUE		VALUE			°C		VALUE				
h. Temperature (summer)	VALUE		VALUE		VALUE			°C		VALUE				
i. pH	MINIMUM 5.85	MAXIMUM 7.15	MINIMUM	MAXIMUM				STANDARD UNITS						
PART B — Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.														
1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)	X		8.2				4.6		8	mg/l				

## ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
g. Nitrogen, Total Organic (as N)	X		83.3				32.7		8	mg/l					
h. Oil and Grease	X		BDL				BDL		8	mg/l					
i. Phosphorus (as P), Total (7723-14-0)	X		41.2				17.7		8	mg/l					
j. Radioactivity															
(1) Alpha, Total		X													
(2) Beta, Total		X													
(3) Radium, Total		X													
(4) Radium 226, Total		X													
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)		X													
l. Sulfide (as S)		X													
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)		X													
n. Surfactants		X													
o. Aluminum, Total (7429-90-5)		X													
p. Barium, Total (7440-39-3)		X													
q. Boron, Total (7440-42-8)	X		17,100				3-3-16		1	ug/l					
r. Cobalt, Total (7440-48-4)		X													
s. Iron, Total (7439-89-6)	X		4,710				3-3-16		1	ug/l					
t. Magnesium, Total (7439-95-4)		X													
u. Molybdenum, Total (7439-98-7)		X													
v. Manganese, Total (7439-96-5)		X													
w. Tin, Total (7440-31-5)		X													
x. Titanium, Total (7440-32-6)		X													

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CONTINUED FROM PAGE 3 OF FORM 2-C

**PART C -** If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the Instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>																	
1M. Antimony, Total (7440-36-0)			X														
2M. Arsenic, Total (7440-38-2)		X		170				96.7		8	ug/l						
3M. Beryllium, Total (7440-41-7)			X														
4M. Cadmium, Total (7440-43-9)			X														
5M. Chromium, Total (7440-47-3)		X		275				99.9		8	ug/l						
6M. Copper, Total (7440-50-8)		X		178				79.5		8	ug/l						
7M. Lead, Total (7439-92-1)		X		4.0				3-3-16		1	ug/l						
8M. Mercury, Total (7439-97-6)			X														
9M. Nickel, Total (7440-02-0)			X														
10M. Selenium, Total (7782-49-2)			X														
11M. Silver, Total (7440-22-4)			X														
12M. Thallium, Total (7440-28-0)			X														
13M. Zinc, Total (7440-66-6)			X														
14M. Cyanide, Total (57-12-5)			X														
15M. Phenols, Total			X														
<b>DIOXIN</b>																	
2,3,7,8-Tetra- chlorodibenzo-P- Dioxin (1784-01-6)			X	DESCRIBE RESULTS													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – VOLATILE COMPOUNDS																
1V. Acrolein (107-02-8)			X													
2V. Acrylonitrile (107-13-1)			X													
3V. Benzene (71-43-2)			X													
4V. Bis (Chloro- methyl) Ether (542-88-1)				DELISTED 02-4-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER												
5V. Bromoform (75-25-2)			X													
6V. Carbon Tetrachloride (56-23-5)			X													
7V. Chlorobenzene (108-90-7)			X													
8V. Chlorodi- bromomethane (124-48-1)			X													
9V. Chloroethane (75-00-3)			X													
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X													
11V. Chloroform (67-66-3)			X													
12V. Dichloro- bromomethane (75-27-4)			X													
13V. Dichloro- difluoromethane (75-71-8)				DELISTED 01-8-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER												
14V. 1,1-Dichloro- ethane (75-34-3)			X													
15V. 1,2-Dichloro- ethane (107-06-2)			X													
16V. 1,1-Dichloro- ethylene (75-35-4)			X													
17V. 1,2-Dichloro- propane (78-87-5)			X													
18V. 1,3-Dichloro- propylene (542-75-6)			X													
19V. Ethylbenzene (100-41-4)			X													
20V. Methyl Bromide (74-83-9)			X													
21V. Methyl Chloride (74-87-3)			X													

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)																
22V. Methylene Chloride (75-09-2)			X													
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X													
24V. Tetrachloroethylene (127-18-4)			X													
25V. Toluene (108-88-3)			X													
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X													
27V. 1,1,1-Trichloroethane (71-55-6)			X													
28V. 1,1,2-Trichloroethane (79-00-5)			X													
29V Trichloroethylene (79-01-6)			X													
30V. Trichlorofluoromethane (75-89-4)				DELISTED 01-8-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER												
31V. Vinyl Chloride (75-01-4)			X													
GC/MS FRACTION – ACID COMPOUNDS																
1A. 2-Chlorophenol (95-57-8)			X													
2A. 2,4-Dichlorophenol (120-83-2)			X													
3A. 2,4-Dimethylphenol (105-67-9)			X													
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X													
5A. 2,4-Dinitrophenol (51-28-5)			X													
6A. 2-Nitrophenol (88-75-5)			X													
7A. 4-Nitrophenol (100-02-7)			X													
8A. P-Chloro-M-Cresol (59-50-7)			X													
9A. Pentachlorophenol (87-86-5)			X													
10A. Phenol (108-95-2)			X													
11A. 2,4,6-Trichlorophenol (88-05-2)			X													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphthylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo- fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X												
12B. Bis (2- Chloroisopropyl) Ether (102-80-1)			X												
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro- naphthalene (91-58-7)			X												
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro- benzene (95-50-1)			X												
21B. 1,3-Di-chloro- benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)																
22B. 1,4-Dichloro- benzene (106-46-7)			X													
23B. 3,3-Dichloro- benzidine (91-94-1)			X													
24B. Diethyl Phthalate (84-66-2)			X													
25B. Dimethyl Phthalate (131-11-3)			X													
26B. Di-N-Butyl Phthalate (84-74-2)			X													
27B. 2,4-Dinitro- toluene (121-14-2)			X													
28B. 2,6-Dinitro- toluene (606-20-2)			X													
29B. Di-N-Octyl Phthalate (117-84-0)			X													
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)			X													
31B. Fluoranthene (206-44-0)			X													
32B. Fluorene (86-73-7)			X													
33B. Hexachloro- benzene (118-74-1)			X													
34B. Hexachloro- butadiene (87-68-3)			X													
35B. Hexachloro- cyclopentadiene (77-47-4)			X													
36B Hexachloro- ethane (87-72-1)			X													
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X													
38B. Isophorone (78-59-1)			X													
39B. Naphthalene (91-20-3)			X													
40B. Nitrobenzene (98-95-3)			X													
41B. N-Nitro- sodimethylamine (62-75-9)			X													
42B. N-Nitrosodi- N-Propylamine (621-64-7)			X													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
43B. N-Nitro- sodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Tri- chlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Endosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												



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CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – PESTICIDES (continued)																
17P. Heptachlor Epoxide (1024-57-3)			X													
18P. PCB-1242 (53469-21-9)			X													
19P. PCB-1254 (11097-69-1)			X													
20P. PCB-1221 (11104-28-2)			X													
21P. PCB-1232 (11141-16-5)			X													
22P. PCB-1248 (12672-29-6)			X													
23P. PCB-1260 (11096-82-5)			X													
24P. PCB-1016 (12674-11-2)			X													
25P. Toxaphene (8001-35-2)			X													

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.  
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

VAD988190021

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)	OUTFALL NO. 03; 2-29-12 to 10-28-15
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PART A –You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)							
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES				
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS					
a. Biochemical Oxygen Demand (BOD)	<3.4				Tested: 3-3-16		1	mg/l								
b. Chemical Oxygen Demand (COD)	100				37.2		8	mg/l								
c. Total Organic Carbon (TOC)	3.2				Tested: 3-3-16		1	mg/l								
d. Total Suspended Solids (TSS)	951				313		8	mg/l								
e. Ammonia (as N)	5.6				2.3		8	mg/l								
f. Flow	VALUE 0.092863		VALUE		VALUE 0.051374		8	MGD		VALUE						
g. Temperature (winter)	VALUE		VALUE		VALUE			°C		VALUE						
h. Temperature (summer)	VALUE		VALUE		VALUE			°C		VALUE						
i. pH	MINIMUM 6.51	MAXIMUM 6.93	MINIMUM	MAXIMUM				STANDARD UNITS								

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)							
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES				
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS					
a. Bromide (24959-67-9)		X																
b. Chlorine, Total Residual		X																
c. Color		X																
d. Fecal Coliform		X																
e. Fluoride (16984-48-8)		X																
f. Nitrate-Nitrite (as N)	X		6.6				3.2		8	mg/l								

## ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS			5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)	X		33.4				11.7		8	mg/l				
h. Oil and Grease	X		BDL				BDL		8	mg/l				
i. Phosphorus (as P), Total (7723-14-0)	X		19.2				7.3		8	mg/l				
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)	X		222				3-3-16		1	ug/l				
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)	X		7,350				3-3-16		1	ug/l				
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
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CONTINUED FROM PAGE 3 OF FORM 2-C

**PART C -** If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)		X		237				124		8	ug/l				
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)		X		271				89.4		8	ug/l				
6M. Copper, Total (7440-50-8)		X		201				73.9		8	ug/l				
7M. Lead, Total (7439-92-1)		X		7.1				3-3-16		1	ug/l				
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)		X		365				160		8	ug/l				
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
<b>DIOXIN</b>															
2,3,7,8-Tetra-chlorodibenzo-P-dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION -- VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (Chloro- methyl) Ether (542-88-1)				DELISTED 02-4-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi- bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-27-4)			X												
13V. Dichloro- difluoromethane (75-71-8)				DELISTED 01-8-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
14V. 1,1-Dichloro- ethane (75-34-3)			X												
15V. 1,2-Dichloro- ethane (107-06-2)			X												
16V. 1,1-Dichloro- ethylene (75-35-4)			X												
17V. 1,2-Dichloro- propane (78-87-5)			X												
18V. 1,3-Dichloro- propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-6)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)				DELISTED 01-8-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-05-2)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphthylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo- fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloro- ethoxy) Methane (111-81-1)			X												
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X												
12B. Bis (2- Chloroisopropyl) Ether (102-80-1)			X												
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro- naphthalene (91-58-7)			X												
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro- benzene (95-50-1)			X												
21B. 1,3-Di-chloro- benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)																
22B. 1,4-Dichloro- benzene (106-46-7)			X													
23B. 3,3-Dichloro- benzidine (91-94-1)			X													
24B. Diethyl Phthalate (84-66-2)			X													
25B. Dimethyl Phthalate (131-11-3)			X													
26B. Di-N-Butyl Phthalate (84-74-2)			X													
27B. 2,4-Dinitro- toluene (121-14-2)			X													
28B. 2,6-Dinitro- toluene (608-20-2)			X													
29B. Di-N-Octyl Phthalate (117-84-0)			X													
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)			X													
31B. Fluoranthene (206-44-0)			X													
32B. Fluorene (86-73-7)			X													
33B. Hexachloro- benzene (118-74-1)			X													
34B. Hexachloro- butadiene (87-68-3)			X													
35B. Hexachloro- cyclopentadiene (77-47-4)			X													
36B Hexachloro- ethane (67-72-1)			X													
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X													
38B. Isophorone (78-59-1)			X													
39B. Naphthalene (91-20-3)			X													
40B. Nitrobenzene (98-95-3)			X													
41B. N-Nitro- sodimethylamine (62-75-9)			X													
42B. N-Nitrosodi- N-Propylamine (621-64-7)			X													



CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						d. NO. OF ANALYSES	4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)															
43B. N-Nitro- sodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Tri- chlorobenzene (120-82-1)			X												
GC/MS FRACTION - PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. $\alpha$ -BHC (319-84-6)			X												
3P. $\beta$ -BHC (319-85-7)			X												
4P. $\gamma$ -BHC (58-89-9)			X												
5P. $\delta$ -BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. $\alpha$ -Endosulfan (115-29-7)			X												
12P. $\beta$ -Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

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1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE <i>(optional)</i>		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – PESTICIDES <i>(continued)</i>																
17P. Heptachlor Epoxide (1024-57-3)			X													
18P. PCB-1242 (53469-21-9)			X													
19P. PCB-1254 (11097-69-1)			X													
20P. PCB-1221 (11104-28-2)			X													
21P. PCB-1232 (11141-16-5)			X													
22P. PCB-1248 (12672-29-6)			X													
23P. PCB-1260 (11096-82-5)			X													
24P. PCB-1016 (12674-11-2)			X													
25P. Toxaphene (8001-35-2)			X													

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
VAD988190021

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)										OUTFALL NO. 04; 2-29-12 to 10-28-15				
PART A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.														
1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)					
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
a. Biochemical Oxygen Demand (BOD)	5.2				Tested: 3-3-16		1	mg/l						
b. Chemical Oxygen Demand (COD)	75.4				23.5		8	mg/l						
c. Total Organic Carbon (TOC)	8.0				Tested: 3-3-16		1	mg/l						
d. Total Suspended Solids (TSS)	553				171		8	mg/l						
e. Ammonia (as N)	7.0				1.7		8	mg/l						
f. Flow	VALUE 0.058696		VALUE		VALUE 0.032472		8	MGD		VALUE				
g. Temperature (winter)	VALUE		VALUE		VALUE			°C		VALUE				
h. Temperature (summer)	VALUE		VALUE		VALUE			°C		VALUE				
i. pH	MINIMUM 6.08	MAXIMUM 7.36	MINIMUM	MAXIMUM				STANDARD UNITS						
PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.														
1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)	X		6.5				1.9		8	mg/l				

## ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT						4. UNITS		5. INTAKE (optional)							
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES				
			(1)		(1)		(1)					(1)						
			CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS				CONCENTRATION	(2) MASS					
g. Nitrogen, Total Organic (as N)	X		39.7				8.3		8	mg/l								
h. Oil and Grease	X		BDL				BDL		8	mg/l								
i. Phosphorus (as P), Total (7723-14-0)	X		12.2				4.2		8	mg/l								
j. Radioactivity																		
(1) Alpha, Total		X																
(2) Beta, Total		X																
(3) Radium, Total		X																
(4) Radium 226, Total		X																
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)		X																
l. Sulfide (as S)		X																
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)		X																
n. Surfactants		X																
o. Aluminum, Total (7429-90-5)		X																
p. Barium, Total (7440-39-3)		X																
q. Boron, Total (7440-42-8)	X		1,140				3-3-16		1	ug/l								
r. Cobalt, Total (7440-48-4)		X																
s. Iron, Total (7439-89-6)	X		4,580				3-3-16		1	ug/l								
t. Magnesium, Total (7439-95-4)		X																
u. Molybdenum, Total (7439-98-7)		X																
v. Manganese, Total (7439-96-5)		X																
w. Tin, Total (7440-31-5)		X																
x. Titanium, Total (7440-32-6)		X																

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CONTINUED FROM PAGE 3 OF FORM 2-C

**PART C -** If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)		X		416				85.2		8	ug/l				
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)		X		104				43.8		8	ug/l				
6M. Copper, Total (7440-50-8)		X		75.4				38.2		8	ug/l				
7M. Lead, Total (7439-92-1)		X		4.4				3-3-16		1	ug/l				
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
<b>DIOXIN</b>															
2,3,7,8-Tetra- chlorodibenzo-P- Dioxin (1784-01-6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION - VOLATILE COMPOUNDS																
1V. Accrolein (107-02-8)			X													
2V. Acrylonitrile (107-13-1)			X													
3V. Benzene (71-43-2)			X													
4V. Bis (Chloro- methyl) Ether (542-88-1)				DELISTED 02-4-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER												
5V. Bromoform (75-25-2)			X													
6V. Carbon Tetrachloride (56-23-5)			X													
7V. Chlorobenzene (108-90-7)			X													
8V. Chlorodi- bromomethane (124-48-1)			X													
9V. Chloroethane (75-00-3)			X													
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X													
11V. Chloroform (67-66-3)			X													
12V. Dichloro- bromomethane (75-27-4)			X													
13V. Dichloro- difluoromethane (75-71-8)				DELISTED 01-8-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER												
14V. 1,1-Dichloro- ethane (75-34-3)			X													
15V. 1,2-Dichloro- ethane (107-06-2)			X													
16V. 1,1-Dichloro- ethylene (75-35-4)			X													
17V. 1,2-Dichloro- propane (78-87-5)			X													
18V. 1,3-Dichloro- propylene (542-75-6)			X													
19V. Ethylbenzene (100-41-4)			X													
20V. Methyl Bromide (74-83-9)			X													
21V. Methyl Chloride (74-87-3)			X													

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)																	
22V. Methylene Chloride (75-09-2)			X														
23V. 1,1,2,2-Tetrachloroethane (78-34-5)			X														
24V. Tetrachloroethylene (127-18-4)			X														
25V. Toluene (108-88-3)			X														
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X														
27V. 1,1,1-Trichloroethane (71-55-6)			X														
28V. 1,1,2-Trichloroethane (79-00-5)			X														
29V. Trichloroethylene (79-01-6)			X														
30V. Trichlorofluoromethane (75-69-4)				DELISTED 01-8-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER													
31V. Vinyl Chloride (75-01-4)			X														
GC/MS FRACTION – ACID COMPOUNDS																	
1A. 2-Chlorophenol (95-57-8)			X														
2A. 2,4-Dichlorophenol (120-83-2)			X														
3A. 2,4-Dimethylphenol (105-67-9)			X														
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X														
5A. 2,4-Dinitrophenol (51-28-5)			X														
6A. 2-Nitrophenol (88-75-5)			X														
7A. 4-Nitrophenol (100-02-7)			X														
8A. P-Chloro-M-Cresol (59-50-7)			X														
9A. Pentachlorophenol (87-86-5)			X														
10A. Phenol (108-95-2)			X														
11A. 2,4,6-Trichlorophenol (88-05-2)			X														

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphthylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo- fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X												
12B. Bis (2- Chloroisopropyl) Ether (102-80-1)			X												
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro- naphthalene (91-58-7)			X												
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro- benzene (95-50-1)			X												
21B. 1,3-Di-chloro- benzene (541-73-1)			X												



CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
																(1) CONCENTRATION
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)																
22B. 1,4-Dichloro- benzene (106-46-7)			X													
23B. 3,3-Dichloro- benzidine (91-94-1)			X													
24B. Diethyl Phthalate (84-66-2)			X													
25B. Dimethyl Phthalate (131-11-3)			X													
26B. Di-N-Butyl Phthalate (84-74-2)			X													
27B. 2,4-Dinitro- toluene (121-14-2)			X													
28B. 2,6-Dinitro- toluene (606-20-2)			X													
29B. Di-N-Octyl Phthalate (117-84-0)			X													
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)			X													
31B. Fluoranthene (206-44-0)			X													
32B. Fluorene (86-73-7)			X													
33B. Hexachloro- benzene (118-74-1)			X													
34B. Hexachloro- butadiene (87-68-3)			X													
35B. Hexachloro- cyclopentadiene (77-47-4)			X													
36B Hexachloro- ethane (87-72-1)			X													
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X													
38B. Isophorone (78-59-1)			X													
39B. Naphthalene (91-20-3)			X													
40B. Nitrobenzene (98-95-3)			X													
41B. N-Nitro- sodimethylamine (62-75-9)			X													
42B. N-Nitrosodi- N-Propylamine (621-64-7)			X													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
																(1) CONCENTRATION	(2) MASS
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)																	
43B. N-Nitro- sodiphenylamine (86-30-6)			X														
44B. Phenanthrene (85-01-8)			X														
45B. Pyrene (129-00-0)			X														
46B. 1,2,4-Tri- chlorobenzene (120-82-1)			X														
GC/MS FRACTION – PESTICIDES																	
1P. Aldrin (309-00-2)			X														
2P. α-BHC (319-84-6)			X														
3P. β-BHC (319-85-7)			X														
4P. γ-BHC (58-89-9)			X														
5P. δ-BHC (319-86-8)			X														
6P. Chlordane (57-74-9)			X														
7P. 4,4'-DDT (50-29-3)			X														
8P. 4,4'-DDE (72-55-9)			X														
9P. 4,4'-DDD (72-54-8)			X														
10P. Dieldrin (60-57-1)			X														
11P. α-Endosulfan (115-29-7)			X														
12P. β-Endosulfan (115-29-7)			X														
13P. Endosulfan Sulfate (1031-07-8)			X														
14P. Endrin (72-20-8)			X														
15P. Endrin Aldehyde (7421-93-4)			X														
16P. Heptachlor (76-44-8)			X														

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
GC/MS FRACTION – PESTICIDES (continued)																	
17P. Heptachlor Epoxide (1024-57-3)			X														
18P. PCB-1242 (53469-21-9)			X														
19P. PCB-1254 (11097-69-1)			X														
20P. PCB-1221 (11104-28-2)			X														
21P. PCB-1232 (11141-16-5)			X														
22P. PCB-1248 (12672-29-6)			X														
23P. PCB-1260 (11096-82-5)			X														
24P. PCB-1016 (12674-11-2)			X														
25P. Toxaphene (8001-35-2)			X														

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.  
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

VAD988190021

OUTFALL NO.

06; 2-29-12 to 10-28-15

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

PART A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	8.2				Tested: 3-3-16		1	mg/l				
b. Chemical Oxygen Demand (COD)	107				37.0		8	mg/l				
c. Total Organic Carbon (TOC)	11.8				Tested: 3-3-16		1	mg/l				
d. Total Suspended Solids (TSS)	997				455		8	mg/l				
e. Ammonia (as N)	11.9				4.5		8	mg/l				
f. Flow	VALUE 0.081462		VALUE		VALUE 0.045067		1	MGD		VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 6.05	MAXIMUM 7.47	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)	X		10.1				3.6		8	mg/l				

## ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS		a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS					(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)	X		23.7				13.3		8	mg/l					
h. Oil and Grease	X		BDL				BDL		8	mg/l					
i. Phosphorus (as P), Total (7723-14-0)	X		20.4				9.6		8	mg/l					
j. Radioactivity															
(1) Alpha, Total		X													
(2) Beta, Total		X													
(3) Radium, Total		X													
(4) Radium 226, Total		X													
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)		X													
l. Sulfide (as S)		X													
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)		X													
n. Surfactants		X													
o. Aluminum, Total (7429-90-5)		X													
p. Barium, Total (7440-39-3)		X													
q. Boron, Total (7440-42-8)	X		17,200				3-3-16		1	ug/l					
r. Cobalt, Total (7440-48-4)		X													
s. Iron, Total (7439-89-6)	X		10,400				3-3-16		1	ug/l					
t. Magnesium, Total (7439-95-4)		X													
u. Molybdenum, Total (7439-98-7)		X													
v. Manganese, Total (7439-96-5)		X													
w. Tin, Total (7440-31-5)		X													
x. Titanium, Total (7440-32-6)		X													

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
VAD988190021	06

CONTINUED FROM PAGE 3 OF FORM 2-C

**PART C -** If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)							
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS		a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES					
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS					(1) CONCENTRATION	(2) MASS						
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>																					
1M. Antimony, Total (7440-36-0)			X																		
2M. Arsenic, Total (7440-38-2)		X		423				118		8	ug/l										
3M. Beryllium, Total (7440-41-7)			X																		
4M. Cadmium, Total (7440-43-9)			X																		
5M. Chromium, Total (7440-47-3)		X		173				90.6		8	ug/l										
6M. Copper, Total (7440-50-8)		X		264				88.8		8	ug/l										
7M. Lead, Total (7439-92-1)		X		4.8				3-3-16		1	ug/l										
8M. Mercury, Total (7439-97-6)			X																		
9M. Nickel, Total (7440-02-0)			X																		
10M. Selenium, Total (7782-49-2)			X																		
11M. Silver, Total (7440-22-4)			X																		
12M. Thallium, Total (7440-28-0)			X																		
13M. Zinc, Total (7440-66-6)		X		337				179		8	ug/l										
14M. Cyanide, Total (57-12-5)			X																		
15M. Phenols, Total			X																		
<b>DIOXIN</b>																					
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS																	

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
GC/MS FRACTION – VOLATILE COMPOUNDS																	
1V. Acrolein (107-02-8)			X														
2V. Acrylonitrile (107-13-1)			X														
3V. Benzene (71-43-2)			X														
4V. Bis (Chloro- methyl) Ether (542-88-1)				DELISTED 02-4-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER													
5V. Bromoform (75-25-2)			X														
6V. Carbon Tetrachloride (56-23-5)			X														
7V. Chlorobenzene (108-90-7)			X														
8V. Chlorodi- bromomethane (124-48-1)			X														
9V. Chloroethane (75-00-3)			X														
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X														
11V. Chloroform (67-66-3)			X														
12V. Dichloro- bromomethane (75-27-4)			X														
13V. Dichloro- difluoromethane (75-71-8)				DELISTED 01-8-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER													
14V. 1,1-Dichloro- ethane (75-34-3)			X														
15V. 1,2-Dichloro- ethane (107-06-2)			X														
16V. 1,1-Dichloro- ethylene (75-35-4)			X														
17V. 1,2-Dichloro- propane (78-87-5)			X														
18V. 1,3-Dichloro- propylene (542-75-6)			X														
19V. Ethylbenzene (100-41-4)			X														
20V. Methyl Bromide (74-83-9)			X														
21V. Methyl Chloride (74-87-3)			X														

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)																	
22V. Methylene Chloride (75-09-2)			X														
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X														
24V. Tetrachloroethylene (127-18-4)			X														
25V. Toluene (108-88-3)			X														
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X														
27V. 1,1,1-Trichloroethane (71-55-6)			X														
28V. 1,1,2-Trichloroethane (79-00-5)			X														
29V Trichloroethylene (79-01-6)			X														
30V. Trichlorofluoromethane (75-69-4)				DELISTED 01-8-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER													
31V. Vinyl Chloride (75-01-4)			X														
GC/MS FRACTION – ACID COMPOUNDS																	
1A. 2-Chlorophenol (95-57-8)			X														
2A. 2,4-Dichlorophenol (120-83-2)			X														
3A. 2,4-Dimethylphenol (105-67-9)			X														
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X														
5A. 2,4-Dinitrophenol (51-28-5)			X														
6A. 2-Nitrophenol (88-75-5)			X														
7A. 4-Nitrophenol (100-02-7)			X														
8A. P-Chloro-M-Cresol (59-50-7)			X														
9A. Pentachlorophenol (87-86-5)			X														
10A. Phenol (108-95-2)			X														
11A. 2,4,6-Trichlorophenol (88-05-2)			X														



CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphthylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo- fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X												
12B. Bis (2- Chloroisopropyl) Ether (102-80-1)			X												
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro- naphthalene (91-58-7)			X												
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro- benzene (95-50-1)			X												
21B. 1,3-Di-chloro- benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
																(1)
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)																
22B. 1,4-Dichlorobenzene (106-46-7)			X													
23B. 3,3-Dichlorobenzidine (91-94-1)			X													
24B. Diethyl Phthalate (84-66-2)			X													
25B. Dimethyl Phthalate (131-11-3)			X													
26B. Di-N-Butyl Phthalate (84-74-2)			X													
27B. 2,4-Dinitrotoluene (121-14-2)			X													
28B. 2,6-Dinitrotoluene (606-20-2)			X													
29B. Di-N-Octyl Phthalate (117-84-0)			X													
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X													
31B. Fluoranthene (206-44-0)			X													
32B. Fluorene (86-73-7)			X													
33B. Hexachlorobenzene (118-74-1)			X													
34B. Hexachlorobutadiene (87-68-3)			X													
35B. Hexachlorocyclopentadiene (77-47-4)			X													
36B Hexachloroethane (67-72-1)			X													
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X													
38B. Isophorone (78-59-1)			X													
39B. Naphthalene (91-20-3)			X													
40B. Nitrobenzene (98-95-3)			X													
41B. N-Nitrosodimethylamine (62-75-9)			X													
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
																(1) CONCENTRATION	(2) MASS
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)																	
43B. N-Nitro- sodiphenylamine (86-30-6)			X														
44B. Phenanthrene (85-01-8)			X														
45B. Pyrene (129-00-0)			X														
46B. 1,2,4-Tri- chlorobenzene (120-82-1)			X														
GC/MS FRACTION – PESTICIDES																	
1P. Aldrin (309-00-2)			X														
2P. α-BHC (319-84-6)			X														
3P. β-BHC (319-85-7)			X														
4P. γ-BHC (58-89-9)			X														
5P. δ-BHC (319-86-8)			X														
6P. Chlordane (57-74-9)			X														
7P. 4,4'-DDT (50-29-3)			X														
8P. 4,4'-DDE (72-55-9)			X														
9P. 4,4'-DDD (72-54-8)			X														
10P. Dieldrin (60-57-1)			X														
11P. α-Endosulfan (115-29-7)			X														
12P. β-Endosulfan (115-29-7)			X														
13P. Endosulfan Sulfate (1031-07-8)			X														
14P. Endrin (72-20-8)			X														
15P. Endrin Aldehyde (7421-93-4)			X														
16P. Heptachlor (76-44-8)			X														

EPA I.D. NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER


VAD988190021

06

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION - PESTICIDES (continued)																
17P. Heptachlor Epoxide (1024-57-3)			X													
18P. PCB-1242 (53469-21-9)			X													
19P. PCB-1254 (11097-69-1)			X													
20P. PCB-1221 (11104-28-2)			X													
21P. PCB-1232 (11141-16-5)			X													
22P. PCB-1248 (12672-29-6)			X													
23P. PCB-1260 (11096-82-5)			X													
24P. PCB-1016 (12674-11-2)			X													
25P. Toxaphene (8001-35-2)			X													

Please print or type in the unshaded areas only.

FORM <b>2F</b> NPDES	 <b>EPA</b>	U.S. Environmental Protection Agency Washington, DC 20460 <b>Application for Permit to Discharge Storm Water          Discharges Associated with Industrial Activity</b>
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**Paperwork Reduction Act Notice**

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

### I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

[illegible]

## II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

[illegible]

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

### III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Continued from the Front

#### IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
01	24,583 sqft	307,607 sqft			
03	81,554 sqft	331,628 sqft			
04	32,734 sqft	209,607 sqft			
06	39,013 sqft	290,906 sqft			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

The only significant materials exposed to storm water which leaves the property are treated and untreated wood. Some wood is stored outside and is exposed to rain. The wood exposed can be categorized as:

A) Untreated "White" wood.

B) Preservative treated wood (CCA, MCA).\*

C) Pyro-Guard interior fire retardant treated wood.\*

D) Exterior Fire-X exterior fire retardant treated wood.\*

\*All finished inventory of kiln dried after treatment (KDAT) wood is protected from rain by the application of an impervious bag over the treated wood. Most finished product is stored under sheds which also protects from rain. All of the above materials are moved and stored through out the property during production. No pesticides, herbicides, soil conditioners, or fertilizers are applied to the property. All liquid storage tanks are protected by secondary containment with rain water collected from these area and used as process water.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
01	None.	
03	None.	
04	None.	
06	None.	

#### V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
TJ Winowiecki, Mgr. of Eng. Services		5-2-16

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

During the summer months with dry conditions each outfall was visually observed and checked for no flow (record in SWPPP). Also the P.E. that certifies the SWPPP visually checks the outfalls during his annual visit, and the Facility Operations Manager visually checks the outfalls at least once each month.

#### VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

None.

Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)  
VAD988190021**VII. Discharge Information**

A, B, C, & D: See Instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.  
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis - Is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (list all such pollutants below)☒ No (go to Section IX)**VIII. Biological Toxicity Testing Data**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such pollutants below)☒ No (go to Section IX)**IX. Contract Analysis Information**

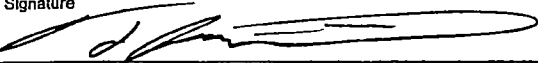
Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

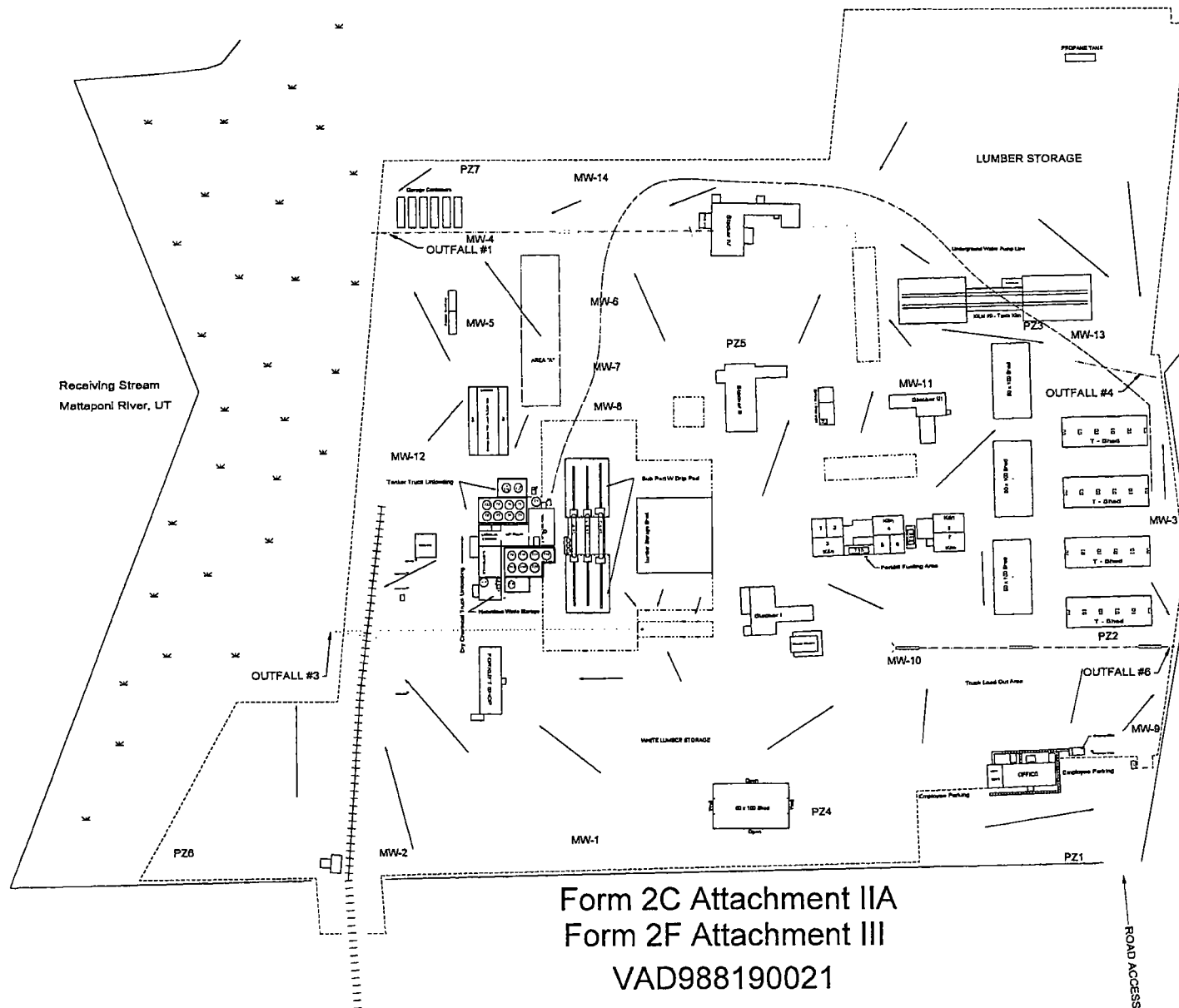
☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)☐ No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
SGS Accutest Laboratories - New Jersey	2235 Route 130 Dayton, NJ 08810	732-329-0200	COD, Oil and Grease, Hardness (as CaCO <sub>3</sub> ), Ammonia (as N), Nitrogen (Nitrate, Nitrate+Nitrate, Total Kjeldahl, Total Organic), Zinc, Copper, Chromium, Arsenic, Phosphorus (as P), TSS, pH, BOD, TOC, Boron, Iron, Lead, and Formaldehyde.

**X. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (Type Or Print) TJ Winowiecki - Manager of Engineering Services	B. Area Code and Phone No. (706) 595-7355
C. Signature 	D. Date Signed 5-2-16





Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D -- Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

Part D - Provide data for the storm event(s) which resulted in the maximum values for all four the storm event(s).					
1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Part B -	List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.
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Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

Part D - Provide data for the storm event(s) which resulted in the maximum values for the last 24 hours.					
1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Part B –	List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.
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Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

**Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.**

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

**Continue on Reverse**

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

Part D - Provide data for the storm event(s) which resulted in the release.					
1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.



Hoover Treated Wood Products, INC.

Milford, VA Facility Chemistry Test Data Summary (Reported Online)

VPDES Number VA008714

Outfall 01 Results

TEST	UNITS	2/29/2012	12/11/2012	4/29/2013	10/23/2013	5/16/2014	1/4/2015	5/1/2015	10/28/2015	Average Concentration
LAB		Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	
001 FLOW (From Total Property-2/29/12 outfall)	MGD	0.032762	0.027883	0.027883	0.054645	0.086138	0.027883	0.037897	0.086137	0.047654
002 pH	SU	6.74	5.85	6.67	6.84	6.96	7.15	7.04	6.63	6.74
004 Total Suspended Solids (TSS)	mg/l	918	131	63.0	383	1120	51.0	1960	2130	845
008 Chemical Oxygen Demand (COD)	mg/l	73.2	24.8	BDL	42.5	45.2	31.2	54.8	49.2	40.1
012 Phosphorus, Total (As P)	mg/l	2.3	19.5	9.1	23.9	2.1	8.1	35.7	41.2	17.7
013 Nitrogen, Total*	mg/l	0.73	21.5	19.9	44.8	10.7	18.0	62.7	83.3	32.7
039 Ammonia, (As N)	mg/l	0.47	8.7	3.6	6.9	2.2	9.9	11.4	7.9	6.4
137 Hardness, Total (As CaCO3)	mg/l	39.0	173	47.0	180	178	30.0	136	161	118
203 Copper, Total Recoverable	ug/l	57.4	42.8	29.7	79.9	76.0	14.9	178	157	79.5
211 Chromium, Total Recoverable	ug/l	58.9	30.0	26.6	75.9	66.2	28.9	275	238	99.9
212 Arsenic, Total Recoverable	ug/l	56.5	108	57.7	89.4	78.4	44.9	169	170	96.7
500 Oil & Grease	mg/l	BDL	BDL	BDL	BDL	BDL	BDL	BDL	BDL	BDL

**Notes:**

BDL = Below Detectable Limit

MGD = Million Gallons Per Day

----- = No Test Performed

\* = Calculated as: (Nitrogen, Total Kjeldahl) + (Nitrogen, Nitrate + Nitrate)

Hoover Treated Wood Products, INC.

Milford, VA Facility Chemistry Test Data Summary (Reported Online)

VPDES Number VA008714

Outfall 03 Results

TEST	UNITS	2/29/2012	12/11/2012	4/29/2013	10/23/2013	5/16/2014	1/4/2015	5/1/2015	10/28/2015	Average Concentration
LAB		Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	
001 FLOW (From Total Property-2/29/12 outfall)	MGD	0.03532	0.03006	0.03006	0.058912	0.092862	0.03006	0.040856	0.092863	0.051374
002 pH	SU	6.75	6.51	6.70	6.51	6.93	6.65	6.67	6.9	6.70
004 Total Suspended Solids (TSS)	mg/l	951	99.0	27.0	250	10.0	33.0	427	706	313
008 Chemical Oxygen Demand (COD)	mg/l	100	BDL	BDL	40.1	38.1	31.2	41.1	46.7	37.2
012 Phosphorus, Total (As P)	mg/l	19.2	4.0	2.3	17.5	4.5	0.99	3.6	6.3	7.3
013 Nitrogen, Total*	mg/l	14.3	4.1	4.1	33.4	4.4	8.8	7.7	17.1	11.7
039 Ammonia, (As N)	mg/l	3.9	1.7	0.67	5.6	1.6	2.3	1.5	1.3	2.3
137 Hardness, Total (As CaCO3)	mg/l	64.4	135	31.4	192	216	570	88.0	128	178
196 Zinc, Total Recoverable	ug/L	365	57.0	82.5	170	61.9	47.3	191	303	160
203 Copper, Total Recoverable	ug/l	201	27.8	26.8	72.9	34.4	18.2	71.1	139	73.9
211 Chromium, Total Recoverable	ug/l	271	14.9	17.6	80.6	7.0	10.8	137	176	89.4
212 Arsenic, Total Recoverable	ug/l	142	70.0	53.6	77.2	152	97.6	165	237	124
500 Oil & Grease	mg/l	BDL	BDL	BDL	BDL	BDL	BDL	BDL	BDL	BDL

**Notes:**

BDL = Below Detectable Limit

MGD = Million Gallons Per Day

----- = No Test Performed

\* = Calculated as: (Nitrogen, Total Kjeldahl) + (Nitrogen, Nitrate + Nitrate)

Hoover Treated Wood Products, INC.

Milford, VA Facility Chemistry Test Data Summary (Reported Online)

VPDES Number VA008714

Outfall 04 Results

TEST	UNITS	2/29/2012	12/11/2012	4/29/2013	10/23/2013	5/16/2014	1/4/2015	5/1/2015	10/28/2015	Average Concentration
LAB		Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	
001 FLOW (From Total Property-2/29/12 outfall)	MGD	0.022325	0.019	0.019	0.037237	0.058696	0.019	0.025824	0.058696	0.032472
002 pH	SU	7.36	6.47	6.32	6.70	6.73	6.08	7.03	6.64	6.67
004 Total Suspended Solids (TSS)	mg/l	21.0	553	117	353	93.0	10.0	77.2	147	171
008 Chemical Oxygen Demand (COD)	mg/l	29.3	BDL	BDL	44.8	38.1	75.4	BDL	BDL	23.5
012 Phosphorus, Total (As P)	mg/l	0.35	4.7	6.6	12.2	0.92	2.7	4.9	1.5	4.2
013 Nitrogen, Total*	mg/l	0.64	9.1	3.1	39.7	1.9	6.2	3.3	2.7	8.3
039 Ammonia, (As N)	mg/l	BDL	3.3	0.61	7.0	BDL	1.4	0.80	0.49	1.7
137 Hardness, Total (As CaCO3)	mg/l	9.8	75.6	23.5	213	220	64.0	84.0	42.8	91.6
203 Copper, Total Recoverable	ug/l	10.9	72.1	25.1	63.9	27.7	9.2	75.4	21.5	38.2
211 Chromium, Total Recoverable	ug/l	6.1	85.2	26.0	67.6	20.4	5.7	104	35.0	43.8
212 Arsenic, Total Recoverable	ug/l	6.8	55.1	22.8	79.8	25.1	416	48.2	27.9	85.2
500 Oil & Grease	mg/l	BDL	BDL	BDL	BDL	BDL	BDL	BDL	BDL	BDL

**Notes:**

BDL = Below Detectable Limit

MGD = Million Gallons Per Day

----- = No Test Performed

\* = Calculated as: (Nitrogen, Total Kjeldahl) + (Nitrogen, Nitrate + Nitrate)

Hoover Treated Wood Products, INC.

Milford, VA Facility Chemistry Test Data Summary (Reported Online)

VPDES Number VA008714

Outfall 06 Results

TEST	UNITS	2/29/2012	12/11/2012	4/29/2013	10/23/2013	5/16/2014	1/4/2015	5/1/2015	10/28/2015	Average Concentration
LAB		Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	
001 FLOW (From Total Property-2/29/12 outfall)	MGD	0.030984	0.02637	0.02637	0.051679	0.081462	0.02637	0.03584	0.081462	0.045067
002 pH	SU	7.16	6.12	6.77	6.93	7.47	6.05	7.31	6.78	6.82
004 Total Suspended Solids (TSS)	mg/l	51.0	553	166	542	622	35.0	997	676	455
008 Chemical Oxygen Demand (COD)	mg/l	39.0	34.2	BDL	47.2	38.1	107	30.1	BDL	37.0
012 Phosphorus, Total (As P)	mg/l	0.46	16.0	3.5	8.9	16.5	2.5	20.4	8.4	9.6
013 Nitrogen, Total*	mg/l	BDL	13.0	9.8	23.7	21.0	4.5	20.7	13.8	13.3
039 Ammonia, (As N)	mg/l	BDL	11.9	2.0	5.1	5.9	1.9	7.0	2.5	4.5
137 Hardness, Total (As CaCO3)	mg/l	7.8	115	49.0	194	280	60.0	96.0	89.9	111
196 Zinc, Total Recoverable	ug/L	27.8	173	97.8	192	337	37.4	292	276	179
203 Copper, Total Recoverable	ug/l	13.2	58.9	44.8	89.8	264	9.0	124	107	88.8
211 Chromium, Total Recoverable	ug/l	8.4	64.2	50.3	102	164	6.6	173	156	90.6
212 Arsenic, Total Recoverable	ug/l	7.6	61.4	41.0	80.2	92.0	423	103	136	118
500 Oil & Grease	mg/l	BDL	BDL	BDL	BDL	BDL	BDL	BDL	BDL	BDL

Notes:

BDL = Below Detectable Limit

MGD = Million Gallons Per Day

----- = No Test Performed

\* = Calculated as: (Nitrogen, Total Kjeldahl) + (Nitrogen, Nitrate + Nitrate)

Hoover Treated Wood Products, INC.

Milford, VA Facility Chemistry Test Data Summary (Not Reported Online)

VPDES Number VA008714

Outfall 01 Results

TEST	UNITS
<b>LAB</b>	
Nitrate-Nitrate (as N)	mg/l

2/29/2012	12/11/2012	4/29/2013	10/23/2013	5/16/2014	1/4/2015	5/1/2015	10/28/2015	Average Concentration
Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	
1.2	7.9	3.5	8.2	1.3	0.65	6.5	7.3	4.6

**Notes:**

BDL = Below Detectable Limit

Hoover Treated Wood Products, INC.

Milford, VA Facility Chemistry Test Data Summary (Not Reported Online)

VPDES Number VA008714

Outfall 03 Results

TEST	UNITS
LAB	
Nitrate-Nitrate (as N)	mg/l

2/29/2012	12/11/2012	4/29/2013	10/23/2013	5/16/2014	1/4/2015	5/1/2015	10/28/2015	Average Concentration
Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	
2.1	6.3	1.1	6.6	0.18	2.4	2.9	4.3	3.2

**Notes:**

BDL = Below Detectable Limit

Hoover Treated Wood Products, INC.

Milford, VA Facility Chemistry Test Data Summary (Not Reported Online)

VPDES Number VA008714

Outfall 04 Results

TEST	UNITS
LAB	
Nitrate-Nitrate (as N)	mg/l

2/29/2012	12/11/2012	4/29/2013	10/23/2013	5/16/2014	1/4/2015	5/1/2015	10/28/2015	Average Concentration
Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	
BDL	5	0.61	6.5	0.12	1.2	0.91	0.84	1.9

**Notes:**

BDL = Below Detectable Limit

Hoover Treated Wood Products, INC.

Milford, VA Facility Chemistry Test Data Summary (Not Reported Online)

VPDES Number VA008714

Outfall 06 Results

TEST	UNITS
LAB	
Nitrate-Nitrate (as N)	mg/l

2/29/2012	12/11/2012	4/29/2013	10/23/2013	5/16/2014	1/4/2015	5/1/2015	10/28/2015	Average Concentration
Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	Accutest	
BDL	10.1	3.4	5.6	2.1	0.12	3.2	4.5	3.6

**Notes:**

BDL = Below Detectable Limit



## VPDES VA0088714

**MW-1**

[illegible]

**VPDES VA0088714**

**MW-3**[illegible]

Hoover Treated Wood Products, INC.

VPDES VA0088714

## Bi-Annual Groundwater Sampling Summary

<b>MW-4</b>									
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[illegible]

**Hoover Treated Wood Products, INC.**

**VPDES VA0088714**

## Bi-Annual Groundwater Sampling Summary

MW-9

[illegible]

## VPDES VA0088714

**MW-10**[illegible]

**Hoover Treated Wood Products, INC.**

**VPDES VA0088714**

## Bi-Annual Groundwater Sampling Summary.

**MW-11**[illegible]

## VPDES VA0088714

## MW-12

[illegible]

**VPDES VA0088714**

**MW-13**[illegible]



**MW-14**[illegible]